

LA TEST # 12

FORMS REQUIRED:

FORM 1040, SCH A, SCH C, SCH SE, FORM 3800, FORM 4684, FORM 5884, FORM 5884A, FORM 8914, FORM 8915, IT540, SCH E, SCH D, SCH F, SCH H, SCH G FITDCW

INFORMATION RETURNS ATTACHED:

FORM W-2 (2)1099r (3)

ENTRIES NOT REQUIRING FORMS: STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE:

NONE

PREPARED BY:

TAXPAYER:

C/O LATEST O MACDONALD

NAME:

LATEST O MACDONALD

SSN:

400-00-4327

DOB:

8/14/1955

OCCUPATION:

TRUCK DRIVER

DISABLED:

NO

PRES ELEC FUND:

NO

DAYTIME PHONE:

NOT GIVEN

BLIND:

NO

SPOUSE:NAME:

DAISY MACDONALD

SSN:

400-00-2027

DOB:

9/25/1955

OCCUPATION:

FARMER

DISABLED:

NO

PRES ELEC FUND:

NO

DECEASED

10/15/2006

BLIND:

NO

CHECK DIGITS FROM IRS LABEL:

DX

ADDRESS:

1 FIRST STREET APT 3
NEW ORLEANS, LA 70122

225-219-4568

FILING STATUS:

MARRIED FILING JOIN

LINE 6d:

4

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO
JETHRO MACDONALD	18	400-55-3027	SON	12
ELLIE MAE MACDONALD	17	400-55-4027	DAUGHTER	12

SCHEDULE A:

LINE 5 2,151

LINE 6 2,012

LINE 10 5,150

LINE 15a 250

Line 19 10,000

Note see form 4684

SCHEDULE SE:

NAME:

LATEST MACDONALD

SSN:

400-00-4327

SECTION A:

LINE 2:

3000

LA TEST # 12

FORM 3800:

PART I:

LINE 1b: 500

SEE FORM 5884

LINE 1aa: 400

SEE FORM 5884A

LINE 5-7 0

PART II:

LINE 9 1063

LINE 12 A 0

FORM 4684:

SECTION A:

LINE 2: 10,000

LINE 5: 12,000

LINE 6: 0

LINE 11: 0

Note: Hurricane Katrina Casualty After 8/24/05

FORM 5884:

LINE 1a: Wages=2000 500

NOTE:

WAGES - WORKED AT LEAST 120 HOURS

FORM 5884 A

LINE 1a 1000

LINE 3: 0

FORM 6251:

PART I

LINE 1 28572

LINE 3 4163

PART II

LINE 29 58000

FORM 8914:

Name:

DELL FARMER Displaced by Hurricane Katrina - 91 days

LINE 5: 500

FORM 8915:

PART I: a b c

LINE 2: 1,500 1500 0

LINE 3: 1,800 1,800 0

PART II.

LINE: 8 YES

LINE: 10 150

LINE 11: Check Box 1350

PART III:

LINE 20: YES

LINE 21: NO

LINE 24: 1800

LINE 26: Check Box 1800

LA TEST #12**SCHEDULE C:**

NAME OF PROPRIETOR:

LATEST O MACDONALD

SSN:

400-00-4327

LINE A:

AGRICULTURAL PRODUCT SALES

LINE B:

115110

LINE D:

72-9687321

LINE F:

CASH

LINE G:

YES

PART I:

LINE 1:

46,375

STATUTORY EMPLOYEE BOX :

LINE 2:

200

PART II:

LINE 8:

223

LINE 9:

666

LINE 10:

1,200

LINE 15:

750

LINE 17:

75

LINE 18:

92

LINE 22:

50

LINE 23:

225

LINE 25:

650

LINE 26:

2,100

SCHEDULE C:

PART III:

LINE 33:

COST

LINE 34

NO

LINE 35

51,800

LINE 36:

22,222

LINE 37;

10,125

LINE 38:

150

LINE 39

100

LINE 41:

47,253

PART IV

N/A

LOUISIANA IT 540

LINE 2: FIT DEDUCTION WORKSHEET2005

LINE 17A

51

LINE 17B

193

LINE 17C

100

SCHEDULE E:

LINE 4D2:

QUALIFIED LA RETIREMENT PLAN

300

SCHEDULE D:

LINE 1:

50

LINE 2:

25

LINE 3:

35

LINE 4:

35

LINE 5:

48

SCHEDULE F:

REFUNDABLE TAX CREDITS

LINE 1:

4253

SCHEDULE H:**SEE FIT DEDUCTION WORKSHEET**

LA TEST #12**SCHEDULE G:****NON-REFUNDABLE TAX CREDITS**

LINE 4:	900
LINE 11:	25

FORMS INCLUDED:

FORM 1040, FORM W-2 (2)

Form 1040:

Taxpayer's first name, initial, last name	LATEST O MACDONALD
Taxpayer's social security number	400-00-4327
Spouse's first name, initial, last name	DAISY MACDONALD
Spouse's social security number	400-00-2027
Home address (number and street)	1 FIRST STREET APT 3
City, state, and zip	NEW ORLEANS LA 70122
Filing status	MARRIED FILING JOINTLY
Line 6a: Yourself (exemption)	X
Line 6b: Spouse (exemption)	X
Number of boxes checked on 6a and 6b	2
Line 6c: Dependent #1:	
Name	JETHRO MACDONALD
Social security number	400-55-3027
Relationship	SON
Line 6c: Dependent #2:	
Name	ELLIE MAE MACDONALD
Social security number	400-55-4027
Relationship	DAUGHTER
Number of children who lived with you	2
Line 6d: Total number of exemptions claimed	4
Line 7: Wages, salaries, and tips	37967
Line 12: Business Income or Loss (Schedule C)	3000
Line 15a: IRA Distributions	1800
Line 15b: Taxable amount of IRA distributions (8915)	1800
Line 16a: Pensions and annuities	1500
Line 16b: Taxable amount of pensions and annuities (8915)	1350
Line 22: Total income	44117
Line 27: One-half of self-employment tax	212
Line 36: Add lines 23 through 31a and 32 through 35	212
Line 37: Adjusted gross income	43905
Line 38: Enter amount from line 37	43905
Line 40: Itemized deductions or standard deduction	19563
Line 41: Subtract line 40 from line 38	24342
Line 42: Multiply \$3300 by the total number of exemptions claimed on line 6d (8914)	13700
Line 43: Taxable income	10642
Line 44: Tax	1063
Line 46: Add lines 44 and 45	1063
Line 55: Other credits (3800)	900
Line 55a: Form 3800	X
Line 55c: Specify	X
Literal	
Line 56: Total credits	900
Line 57: Subtract line 56 from line 46	163
Line 58: Self-employment tax	424
Line 63: Total tax	

587

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Line 64:Federal income tax withheld	2299
Line 72:Total payments	2299
LINE 73: AMOUNT YOU OVERPAID	1712
LINE 74A: AMOUNT YOU WANT REFUNDED	1712
Third party designee:	NO
Taxpayer's occupation:	TRUCK DRIVER
Spouse's occupation:	FARMER

FORM W-2 #1:

Box b:Employer identification number	72-8765421
Box c:Employer's name, address, and zip code	TURNIP TRUCK PRODUCE 8439 VEGGIE LANE VINING LA 70121
Box d:Employee's social security number	400-00-4327
Box e:Employee's first name, initial, and last name	LATEST O MACDONALD
Box f:Employee's address and zip code	1 FIRST STREET APT 3 NEW ORLEANS LA 70122
Box 1:Wages, tips, other compensation	30000
Box 2:Federal income tax withheld	1749
Box 3:Social security wages	30000
Box 4:Social security tax withheld	1860
Box 5:Medicare wages and tips	30000
Box 6:Medicare tax withheld	435
Box 15:StateLAEmployer's state ID number	3614213001
Box 16:State wages, tips, etc	30000
Box 17:State income tax	2100

FORM W-2 #2:

Box b:Employer identification number	72-6651220
Box c:Employer's name, address, and zip code	PACK AND MOVE 321 TRAVELLERS REST SUNSHINE LA 70121
Box d:Employee's social security number	400-00-4327
Box e:Employee's first name, initial, and last name	LATEST O MACDONALD
Box f:Employee's address and zip code	1 FIRST STREET APT 3 NEW ORLEANS LA 70122
Box 1:Wages, tips, other compensation	7967
Box 3:Social security wages	7967
Box 4:Social security tax withheld	494
Box 5:Medicare wages and tips	7967
Box 6:Medicare tax withheld	116
Box 15:StateLAEmployer's state ID number	4201241001
Box 16:State wages, tips, etc	7967
Box 17:State income tax	26

LA TEST # 12**FORM 1099-R #1:**

Payer's name, street address, city, state, and zip

PROVOLONE CREDIT UNION
106 PROVOLONE CENTER
SANDWICH MA 02563

Payer's federal identification number

72-2131324

Recipient's identification number

400-00-4327

Recipient's name

LATEST O MACDONALD

Recipient's street address

1 FIRST STREET APT 3

Recipient's city, state, and zip

NEW ORLEANS LA 70122

Box 1:Gross Distribution

1800

Box 2a:Taxable amount

1800

Box 4:Federal income tax withheld

400

Box 7:Distribution code

7

IRA/SEP/SIMPLEX

Box 11:State/payer's state number

LA/4362197001

Form 1099-R #2:**RETIREMENT DATE**

(092006)

Payer's name, street address, city, state, and zip

LOUISIANA ASSOCIATED RETIREMENT
1402 RESTFUL WAY
ATLANTA LA 70301

Payer's federal identification number

72-1466321

Recipient's identification number

400-00-2027

Recipient's name

DAISY MACDONALD

Recipient's street address

1 FIRST STREET APT 3

Recipient's city, state, and zip

NEW ORLEANS LA 70122

Box 1:Gross Distribution

1200

Box 2a:Taxable amount

1050

Box 2b:Taxable amount not determined

Total distribution

Box 3:Capital gain (included in box 2a)

Box 4:Federal income tax withheld

150

Box 5:Employee contributions

Box 6:Net unrealized appreciation in securities

Box 7:Distribution code

7

IRA/SEP/SIMPLE

Box 8:Other

Box 9a:Percentage of total distribution

Box 9b:Total employee contributions

Box 10:State tax withheld

25

Box 11:State/payer's state number

LA 3302888001

BOX 12: STATE DISTRIBUTION

1200

LA TEST # 12

Form 1099-R #3:

RETIREMENT DATE

Payer's name, street address, city, st

(092006)

RAILROAD RETIREMENT SYSTEM

1402 RESTWAY ST

ATLANTA LA 70301

Payer's federal identification number

72-1469321

Recipient's identification number

400-00-4327

Recipient's name

LATEST MACDONALD

Recipient's street address

1 FIRST STREET APT 3

Recipient's city, state, and zip

NEW ORLEANS LA 70122

Box 1:Gross Distribution

300

Box 2a:Taxable amount

300

Box 2b:Taxable amount not determined

Total distribution

Box 3:Capital gain (included in box 2a)

Box 4:Federal income tax withheld

0

Box 5:Employee contributions

Box 6:Net unrealized appreciation in securities

Box 7:Distribution code

7

IRA/SEP/SIMPLE

Box 8:Other

Box 9a:Percentage of total distribution

Box 9b:Total employee contributions

Box 10:State tax withheld

0

Box 11:State/payer's state

LA 3302888001

BOX 12: STATE DISTRIBUTION

300

LA TEST #12

2006 RESIDENT RETURN	
NAME CHANGE BOX	
DECENDANT FILING BOX	
DECENDANT SPOUSE FILING BOX	
ADDRESS CHANGE BOX	
SOCIAL SECURITY NUMBER	400-00-4327
SOCIAL SECURITY NUMBER SPOUSE AMENDED RETURN	400-00-2027
NAME	LATEST MACDONALD
SPOUSE NAME	DAISY MACDONALD
PRESENT ADDRESS	1 FIRST STREET APT 3
CITY STATE ZIP	NEW ORLEANS LA 70122
FILING STATUS	MFJ
EXEMPTIONS:	2
TOTAL EXEMPTIONS	4
7 FEDERAL AUDJUSTED GROSS INCOME	42705
8 LESS FEDERAL INCOME TAX	1734
9 YOUR LOUISIANA TAX TABLE INCOME	40971
10 YOUR LOUISIANA INCOME TAX	915
11A OTHER NON REFUNDABLE TAX CREDITS	75
11D TOTAL NONREFUNDABLE TAX CREDITS	75
12 ADJUSTED LOUISIANA INCOME TAX	840
14 TOTAL INCOME TAX AND CONSUMER USE TAX	840
15B OTHER REFUNDABLE CREDITS	4253
15C AMOUNT OF TAX WITHHELD FOR 2006	2151
15H TOTAL REFUNDABLE CREDITS AND PAYMENTS	6404
16 OVERPAYMENT	5564
17A CONTRIBUTION TO MILITARY FAMILY ASSITANCE FUND	51
17B AOUNT TO DONATE TO VARIOUS CHARITIES	193
17C CONTRIBUTION TO START	100
18 SUBTOTAL	344
19 AMOUNT TO BE REFUNDED	5220

2006 ADJUSTMENTS TO INCOME**SCHEDULE E**

1 FEDERAL ADJUSTED GROSS INCOME	43905
3 TOTAL	43905
4D2 OTHER RETIREMENT BENEFITS	300
	09/2006
4J TOTAL	300
4L NONTAXABLE INCOME	300
5A LOUISIANA ADJUSTED GROSS INCOME before IRC 280C Adjustment	43605
5B IRC 280(C) Wage Expense Adjustment	900
5C LOUISIANA ADJUSTED GROSS INCOME	42705

LA TEST # 12

2006 DONATION SCHEDULE

1 WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND	50
2 LOUSIANA CANCER TRUST FUND – PROSTATE CANCER	25
3 LOUISIANA ANIMAL WELFARE COMMISSION	35
4 LOUISIANA HOUSING TRUST FUND	35
5 COMMUNITY BASED PRIMARY HEALTH CARE FUND	48
6 TOTAL DONATIONS	193

2006 REFUNDABLE TAX CREDITS

1 INVENTORY TAX CREDIT	4253
9 TOTAL	4253

2006 NONREFUNDABLE TAX CREDITS

SCHEDULE G

4 CREDIT FOR CERTAIN FEDERAL CREDITS	
4A SEE INSTRUCTIONS	900
4B MULTIPLY LINE 3A BY 10%	25
6 EDUCATION CREDIT	50
11 TOTAL NON REFUNDABLE CREDITS	75

2006 MODIFIED FEDERAL INCOME TAX INFORMATION

SCHEDULE H

1 ENTER AMOUNT FROM LINE 2A OF THE FITDCW	19563
2 ENTER AMOUNT FROM LINE	
2B OF THE FITDCW	10300
3 ENTER AMOUNT FROM LINE 5A OF THE FITDCW	10642
4 ENTER AMOUNT FROM LINE 7A OF THE FITDCW	0
5 ENTER AMOUNT FROM LINE 8A OF THE FITDCW	1063
6 ENTER AMOUNT FROM LINE 9A OF THE FITDCW	900
7 ENTER AMOUNT FROM LINE 11 OF THE FITDCW	400

LA TEST # 12(WITHOUT HURRICANE FORMS)

FORMS REQUIRED:

FORM 1040, SCH A, SCH C, SCH SE, FORM 3800, FORM 4684, FORM 6251, IT540, SCH E, SCH D, SCH F, SCH H, SCH G FITDCW

INFORMATION RETURNS ATTACHED:

FORM W-2 (2)1099r (3)

ENTRIES NOT REQUIRING FORMS: STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE:

NONE

PREPARED BY:

TAXPAYER:

C/O LATEST O MACDONALD

NAME:

LATEST O MACDONALD

SSN:

400-00-4327

DOB:

8/14/1955

OCCUPATION:

TRUCK DRIVER

DISABLED:

NO

PRES ELEC FUND:

NO

DAYTIME PHONE:

NOT GIVEN

BLIND:

NO

SPOUSE:NAME:

DAISY MACDONALD

SSN:

400-00-2027

DOB:

9/25/1955

OCCUPATION:

FARMER

DISABLED:

NO

PRES ELEC FUND:

NO

DECEASED

10/15/2006

BLIND:

NO

CHECK DIGITS FROM IRS LABEL:

DX

ADDRESS:

1 FIRST STREET APT 3
SUNSHINE, LA 70122
225-219-4568

FILING STATUS:

MARRIED FILING JOIN

LINE 6d:

4

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO
JETHRO MACDONALD	18	400-55-3027	SON	12
ELLIE MAE MACDONALD	17	400-55-4027	DAUGHTER	12

SCHEDULE A:

LINE 5 2,151

LINE 6 2,012

LINE 10 5,150

LINE 15a 250

Line 19 5,500

Note see form 4684

SCHEDULE SE:

NAME:

LATEST MACDONALD

SSN:

400-00-4327

SECTION A:

LINE 2:

2940

LA TEST # 12**FORM 3800:**

PART I:

LINE 1b: 1300

SEE FORM 5884

LINE 1z: 0

FORM 4684:

SECTION A:

LINE 2: 10,000

LINE 5: 12,000

LINE 6: 0

LINE 11: 0

Note: NO Hurricane Katrina Casualty After 8/24/05**FORM 5884:**

PART I:

LINE 1a: 2,000Wages 500

NOTE: **WAGES - WORKED AT LEAST 120 HOURS**

LINE 1b: 2,000Wages 800

NOTE: WAGES - WORKED AT LEAST 400 HOURS**FORM 6251:**

PART I

LINE 1 28936

LINE 3 4163

PART II

LINE 29 58000

SCHEDULE C:

NAME OF PROPRIETOR:

LATEST O MACDONALD

SSN:

400-00-4327

LINE A:

AGRICULTURAL PRODUCT SALES

LINE B:

115110

LINE D:

72-9687321

LINE F:

CASH

LINE G:

YES

PART I:

LINE 1: 54,340

STATUTORY EMPLOYEE BOX :

LINE 2: 200

PART II:

LINE 8: 223

LINE 9: 666

LINE 10: 1,200

LINE 15: 750

LINE 17: 75

LINE 18: 92

LINE 22: 50

LINE 23: 225

LINE 25: 650

LINE 26: 10,125

LA TEST #12

SCHEDULE C:

PART III:

LINE 33:	COST
LINE 34	NO
LINE 35	51,800
LINE 36:	22,222
LINE 37;	10,125
LINE 38:	150
LINE 39	100
LINE 41:	47,253

PART IV

N/A

LOUISIANA IT 540

LINE 2: FIT DEDUCTION WORKSHEET2005

LINE 17A	51
LINE 17B	193
LINE 17C	100

SCHEDULE E:

LINE 4D2:

QUALIFIED LA RETIREMENT PLAN	300
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SCHEDULE D:

LINE 1:	50
LINE 2:	25
LINE 3:	35
LINE 4:	35
LINE 5:	48

SCHEDULE F:

REFUNDABLE TAX CREDITS

LINE 1:	4253
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SCHEDULE H:

SEE FIT DEDUCTION WORKSHEET

SCHEDULE G:

NON-REFUNDABLE TAX CREDITS

LINE 4:	1300
LINE 11:	25

LA TEST #12**FORMS INCLUDED:**

FORM 1040, FORM W-2 (2)

Form 1040:

Taxpayer's first name, initial, last name	LATEST O MACDONALD
Taxpayer's social security number	400-00-4327
Spouse's first name, initial, last name	DAISY MACDONALD
Spouse's social security number	400-00-2027
Home address (number and street)	1 FIRST STREET APT 3
City, state, and zip	SUNSHINE LA 70122
Filing status	MARRIED FILING JOINTLY
Line 6a: Yourself (exemption)	X
Line 6b: Spouse (exemption)	X
Number of boxes checked on 6a and 6b	2
Line 6c: Dependent #1:	
Name	JETHRO MACDONALD
Social security number	400-55-3027
Relationship	SON
Dependent #2:	
Name	ELLIE MAE MACDONALD
Social security number	400-55-4027
Relationship	DAUGHTER
Number of children who lived with you	2
Line 6d: Total number of exemptions claimed	4
Line 7: Wages, salaries, and tips	37967
Line 12: Business Income or Loss (Schedule C)	2940
Line 15a: IRA Distributions	1800
Line 15b: Taxable amount of IRA distributions (8915)	1800
Line 16a: Pensions and annuities	1500
Line 16b: Taxable amount of pensions and annuities (8915)	1500
Line 22: Total income	44207
Line 27: One-half of self-employment tax	208
Line 36: Add lines 23 through 31a and 32 through 35	208
Line 37: Adjusted gross income	43999
Line 38: Enter amount from line 37	43999
Line 40: Itemized deductions or standard deduction	15063
Line 41: Subtract line 40 from line 38	28936
Line 42: Multiply \$3300 by the total number of exemptions claimed on line 6d (8914)	13200
Line 43: Taxable income	15736
Line 44: Tax	1604
Line 46: Add lines 44 and 45	1604
Line 55: Other credits (3800)	1300
Line 55a: Form 3800	X
Line 55c: Specify	X
Literal	
Line 56: Total credits	1300
Line 57: Subtract line 56 from line 46	304
Line 58: Self-employment tax	415
Line 63: Total tax	719

LA TEST #12

Line 64:Federal income tax withheld	2299
Line 72:Total payments	2299
LINE 73: AMOUNT YOU OVERPAID	1580
LINE 74A: AMOUNT YOU WANT REFUNDED	1580
Third party designee:	NO
Taxpayer's occupation:	TRUCK DRIVER
Spouse's occupation:	FARMER

FORM W-2 #1:

Box b:Employer identification number	72-8765421
Box c:Employer's name, address, and zip code	TURNIP TRUCK PRODUCE 8439 VEGGIE LANE VINING LA 70121
Box d:Employee's social security number	400-00-4327
Box e:Employee's first name, initial, and last name	LATEST O MACDONALD
Box f:Employee's address and zip code	1 FIRST STREET APT 3 SUNSHINE LA 70122
Box 1:Wages, tips, other compensation	30000
Box 2:Federal income tax withheld	749
Box 3:Social security wages	30000
Box 4:Social security tax withheld	1860
Box 5:Medicare wages and tips	30000
Box 6:Medicare tax withheld	435
Box 15:StateLAEmployer's state ID number	3614213001
Box 16:State wages, tips, etc	30000
Box 17:State income tax	2100

FORM W-2 #2:

Box b:Employer identification number	72-6651220
Box c:Employer's name, address, and zip code	PACK AND MOVE 321 TRAVELLERS REST SUNSHINE LA 70121
Box d:Employee's social security number	400-00-4327
Box e:Employee's first name, initial, and last name	LATEST O MACDONALD
Box f:Employee's address and zip code	1 FIRST STREET APT 3 SUNSHINE LA 70122
Box 1:Wages, tips, other compensation	7967
Box 3:Social security wages	7967
Box 4:Social security tax withheld	494
Box 5:Medicare wages and tips	7967
Box 6:Medicare tax withheld	116
Box 15:StateLAEmployer's state ID number	4201241001
Box 16:State wages, tips, etc	7967
Box 17:State income tax	26

LA TEST # 12

FORM 1099-R #1:

Payer's name, street address, city, state, and zip

PROVOLONE CREDIT UNION
106 PROVOLONE CENTER
SANDWICH MA 02563

Payer's federal identification number

72-2131324

Recipient's identification number

400-00-4327

Recipient's name

LATEST O MACDONALD

Recipient's street address

1 FIRST STREET APT 3

Recipient's city, state, and zip

SUNSHINE LA 70122

Box 1:Gross Distribution

1800

Box 2a:Taxable amount

1800

Box 4:Federal income tax withheld

400

Box 7:Distribution code

7

IRA/SEP/SIMPLEX

Box 11:State/payer's state number

LA/4362197001

Form 1099-R #2:

RETIREMENT DATE

(092006)

Payer's name, street address, city, state, and zip

LOUISIANA ASSOCIATED RETIREMENT

1402 RESTFUL WAY

ATLANTA LA 70301

Payer's federal identification number

72-1466321

Recipient's identification number

400-00-2027

Recipient's name

DAISY MACDONALD

Recipient's street address

1 FIRST STREET APT 3

Recipient's city, state, and zip

SUNSHINE LA 70122

Box 1:Gross Distribution

1200

Box 2a:Taxable amount

1200

Box 2b:Taxable amount not determined

Total distribution

Box 3:Capital gain (included in box 2a)

Box 4:Federal income tax withheld

150

Box 5:Employee contributions

Box 6:Net unrealized appreciation in securities

Box 7:Distribution code

7

IRA/SEP/SIMPLE

Box 8:Other

Box 9a:Percentage of total distribution

Box 9b:Total employee contributions

Box 10:State tax withheld

25

Box 11:State/payer's state number

LA 3302888001

BOX 12: STATE DISTRIBUTION

1200

LA TEST # 12

Form 1099-R #3:

RETIREMENT DATE

Payer's name, street address, city, st

(092006)

RAILROAD RETIREMENT SYSTEM

1402 RESTWAY ST

ATLANTA LA 70301

72-1469321

400-00-4327

LATEST MACDONALD

1 FIRST STREET APT 3

SUNSHINE LA 70122

Payer's federal identification number

Recipient's identification number

Recipient's name

Recipient's street address

Recipient's city, state, and zip

Box 1:Gross Distribution

300

Box 2a:Taxable amount

300

Box 2b:Taxable amount not determined

Total distribution

Box 3:Capital gain (included in box 2a)

Box 4:Federal income tax withheld

0

Box 5:Employee contributions

Box 6:Net unrealized appreciation in securities

Box 7:Distribution code

7

IRA/SEP/SIMPLE

Box 8:Other

Box 9a:Percentage of total distribution

Box 9b:Total employee contributions

Box 10:State tax withheld

0

Box 11:State/payer's state

LA 3302888001

BOX 12: STATE DISTRIBUTION

300

LA TEST #12

2006 RESIDENT RETURN

NAME CHANGE BOX

DECENDANT FILING BOX

DECENDANT SPOUSE FILING BOX

ADDRESS CHANGE BOX

SOCIAL SECURITY NUMBER

400-00-4327

SOCIAL SECURITY NUMBER SPOUSE AMENDED RETURN

400-00-2027

NAME

LATEST MACDONALD

SPOUSE NAME

DAISY MACDONALD

PRESENT ADDRESS

1 FIRST STREET APT 3

CITY STATE ZIP

SUNSHINE LA 70122

FILING STATUS

MFJ

EXEMPTIONS:

2

TOTAL EXEMPTIONS

4

7 FEDERAL ADJUSTED GROSS INCOME

42399

8 LESS FEDERAL INCOME TAX

1016

9 YOUR LOUISIANA TAX TABLE INCOME

41383

10 YOUR LOUISIANA INCOME TAX

935

11A OTHER NON REFUNDABLE TAX CREDITS

75

11D TOTAL NONREFUNDABLE TAX CREDITS

75

12 ADJUSTED LOUISIANA INCOME TAX

860

14 TOTAL INCOME TAX AND CONSUMER USE TAX

860

15B OTHER REFUNDABLE CREDITS

4253

15C AMOUNT OF TAX WITHHELD FOR 2006

2151

15H TOTAL REFUNDABLE CREDITS AND PAYMENTS

6404

16 OVERPAYMENT

5544

17A CONTRIBUTION TO MILITARY FAMILY ASSISTANCE FUND

51

17B AOUNT TO DONATE TO VARIOUS CHARITIES

193

17C CONTRIBUTION TO START

100

18 SUBTOTAL

344

19 AMOUNT TO BE REFUNDED

5200

2006 ADJUSTMENTS TO INCOME**SCHEDULE E**

1 FEDERAL ADJUSTED GROSS INCOME

43999

3 TOTAL

43999

4D2 OTHER RETIREMENT BENEFITS

300

09/2006

4J TOTAL

300

4L NONTAXABLE INCOME

300

5A LOUISIANA ADJUSTED GROSS INCOME Before IRC 280C

43699

5B IRC 280(C) Wage Expense Adjustment

1300

5C LOUISIANA ADJUSTED GROSS INCOME

42399

2006 DONATION SCHEDULE

1 WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND

50

2 LOUISIANA CANCER TRUST FUND – PROSTATE CANCER

25

3 LOUISIANA ANIMAL WELFARE COMMISSION

35

4 LOUISIANA HOUSING TRUST FUND

35

5 COMMUNITY BASED PRIMARY HEALTH CARE FUND

48

6 TOTAL DONATIONS

193

LA TEST # 12

2006 REFUNDABLE TAX CREDITS

1 INVENTORY TAX CREDIT	4253
9 TOTAL	4253

2006 NONREFUNDABLE TAX CREDITS

SCHEDULE G

4 CREDIT FOR CERTAIN FEDERAL CREDITS	
4A SEE INSTRUCTIONS	1300
4B MULTIPLY LINE 3A BY 10%	25
6 EDUCATION CREDIT	50
11 TOTAL NON REFUNDABLE CREDITS	75